

OCCUPATIONAL DISEASE WORK HISTORY (CONTINUATION)

Page _____ of _____	Name _____	Claim Number _____
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(This is a continuation sheet.
Must complete original form first.)

Please CONTINUE with your most RECENT job and work BACKWARDS.

Employer's business name	Employment dates: From (mo/yr) _____ To (mo/yr) _____
Employer's address	Employer's phone number _____
City _____ State _____ ZIP+4 _____	Indicate time exposed to noise, repetitive motion or chemicals in hours per week Hours: _____
Describe the job duties and type of equipment or tools used or operated.	

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Employer's address	Employer's phone number _____
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Dept of Labor & Industries
PO Box 44291
Olympia WA 98504-4291

I certify that the information is true and correct to the best of my knowledge.

Date: _____ Signature: _____